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Substitute for form 1449/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				Application Number	10/561,413-Conf. #8051
				Filing Date	December 19, 2005
				First Named Inventor	Kyung-Jin Yeum
				Art Unit	1615
				Examiner Name	Not Yet Assigned
Sheet	1	of	1	Attorney Docket Number	005363-3271

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
/Z.V./		5,780,056	07-14-1998	Akamatsu et al.	
		2003/0206972	11-06-2003	Babish et al.	
		2003/0035821	02-20-2003	Heaton et al.	
		2002/0155163	10-24-2002	Benjamin et al.	
		2002/0044991	04-18-2002	Auweter et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				

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NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
/Z.V./		YUEM, K.J. et al., "Human Plasma Carotenoid Response To The Ingestion of Controlled Diets High In Fruits And Vegetables", <i>The American Society For Clinical Nutrition Inc.</i> , v. 64, pp. 594-602, 1996		

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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Examiner Signature	/Zohreh Vakili/	Date Considered	03/18/2010
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